



Western Region Summit
Insight into VA-IHS MOU
April 9-10, 2013 – Pala, CA
Ms. Stephanie E. Birdwell, Director





POLICY TIMELINE

**President Clinton
Executive order 13175
November 2000
“Establishing Consultation and Coordination with Indian Tribal Governments”**



VA/ Indian Health Service (IHS) sign a Memorandum of Understanding 2003-

MOU’s principal goals are for both agencies to promote patient-centered collaborations in consultation with tribes .



VA established the Office of Rural Health (ORH) 2007

The ORH mission is to improve access and quality of care for enrolled rural and highly rural Veterans



VA Rural Health Advisory Committee established 2008

Dr. Susan Karol, Chief Medical Officer, IHS is an ex-officio member of the committee.



POLICY TIMELINE (CONTINUED)

President Obama Memorandum on Tribal Consultation November 2009-
Directed all federal agencies to develop a detailed plan of action to implement Executive Order 13175



VA solicitation for Tribal Consultation (2009 - 2010)
DAS for IGA initiated consultation with all federally recognized tribes.



VA /IHS sign updated (MOU) - October 2010

Includes more areas of focus and is more specific (e.g., joint emergency preparedness, joint credentialing, cultural awareness).



VA established the Office of Tribal Government Relations (OTGR) in 2010. The office was formally staffed in 2011 and is led by a member of the SES.

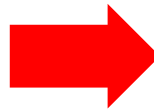
Secretary Shinseki signs the VA Tribal Consultation Policy in February 2011



POLICY TIMELINE

(continued)

During FY 2012,
VA/OTGR held 7
regional training
meetings with
over 600
attendees.



September 2012 – 40th
National Indian Health
Board Conference in
Denver, Colorado
Secretary Shinseki
provided the keynote
address

VA Track of Workshops-
the 1st time VA sponsored
workshops at conference
Over 300 attended VA
events



OFFICE OF RURAL HEALTH

ORH NATIVE AMERICAN VETERAN FUNDING



| Fiscal Year (FY) | Number of Projects | Funding | Projects/Programs Funded |
|------------------|--------------------|--------------|--|
| FY 2009 | 12 | \$17,621,490 | Telehealth, HBPC, Outreach Clinics |
| FY 2010 | 6 | \$2,599,018 | Five CBOCS, Telehealth |
| FY 2011 | 16 | \$8,526,856 | 15 HBPC projects and one Telehealth |
| FY 2012 | 22 | \$21,444,745 | 16 HBPCs, Telehealth, Cultural Competency Training for Providers |
| Total: | 56 | \$50,192,109 | |



2010 VA-IHS MOU

- Dr. Robert Petzel, VA Undersecretary for Health, and Dr. Yvette Roubideaux, Director, Indian Health Service renew commitment of each agency to effectively serve Veterans in Indian Country
- Establish coordination, collaboration and resource-sharing between VA and IHS.
- Goal of improving the health status of American Indian and Alaska Native Veterans (AI/AN).
- Bring together strengths and expertise from each organization to improve care and services provided by both.
- National scope and local implementation.

WORKGROUP UPDATES



There are 13 MOU workgroups

- Services and Benefits: In Fiscal Year 2012, Veterans Benefits Administration (VBA) conducted outreach to 872 Native American Veterans that totaled 229 hours and resulted in 30 claims.
- Coordination of Care: VA/IHS conducted three training sessions on VA eligibility, enrollment, claims filing, and reimbursement processing.
- Health Information Technology: Consulted on VA/DoD electronic health record (EHR) interface certification and Meaningful Use requirements.
- New Technologies: Document on best practices for providing tele-psychiatry services to AI/AN Veterans is available. Assisted in establishing videoconferencing connectivity between Prescott VA and IHS Chinle.

WORKGROUP UPDATES

(continued)



Payment and Reimbursement:

- Work group conducted six Webinar sessions in 2012 to review processes for enrollment, billing and reimbursement for IHS/Tribal partners.
- Health and Human Services (HHS) and VA Secretary appointed committee to work on complex issues regarding agreements for reimbursement (September 2011-present). Meetings ongoing with representatives from HHS, IHS and VA.
- Draft Reimbursement Sharing Agreement sent out April 2012 to Tribal Leaders/IHS /VA stakeholders . Compiled all comments from Tribes in May 2012.
- Dear Tribal Leader letter issued August 24, 2012, informing Tribes of sharing agreement status update and providing Tribes with information.
- Tribes and Alaska Consortiums have entered into 26 reimbursement agreements with VA (involving 229 Alaska Tribes and the Creek Nation).
- Working closely with HHS and IHS to complete VA-IHS national agreement .

WORKGROUP UPDATES

(continued)



- Examples of Program Collaborations
 - The Tribal Veteran Representative (TVR) program trained 47 people on VA eligibility and benefits, improving coordination of care, support outreach, and co-management of patients.
 - PTSD: Will develop a PTSD broadcast through the VA Employee Education System (EES) that is specific to Native American Veterans in September, 2012.
- Cultural Awareness: Meeting regularly to develop a 3-tiered cultural awareness training program, with each tier having different level of intensity.

WORKGROUP UPDATES

(continued)



- Training and Recruitment: VA has made 239 web based courses and seven video courses available to IHS. There are an additional 215 courses that are currently under IHS review.
- Emergency Preparedness: Discussion occurred in February 2012, to explore the actions needed to develop an AI/AN Veteran Emergency Responders Program. MOU work group has been collaborating with Tribal Health facilities to ensure emergency services are available to meet the needs of the communities.
- Implementation Task Force: Meet quarterly with all work group leaders. In December 2011, emailed templates to all work group leaders for the MOU Annual Report that will be completed. Compiling MOU metrics and annual report now, that is due to MOU oversight committee in September 2012.

WORKGROUP UPDATES

(continued)



- Program Collaborations – Pharmacy
 - In 2011, the VA mail-order pharmacy program earned distinction as a *Service Excellence Champion*. This year, that recognition was expanded to include the outpatient pharmacy programs at VA Medical Centers, which includes the Consolidated Mail Outpatient Pharmacy (CMOP) program, a successful pharmacy mail order and delivery system.
 - Eleven (11) IHS sites are using VA CMOP. Initially piloted at Phoenix IHS, the Program continues to be successful and has expanded to Rapid City, SD; Claremore, OK; Haskell, KS; El Reno, Watonga, Clinton, Pawhuska, Pawnee and Lawton, OK; and Yakama, WA.
 - The CMOP program will be expanded to 20 new IHS sites nationally in fall and winter of 2012.

WORKGROUP UPDATES

(continued)



- Program Collaborations (continued) - Pharmacy
 - CMOP provides mail-order services to 246,243 IHS and VA active users. Patients, served by the IHS, have utilized CMOP through an interagency agreement.
 - In FY11, 19,599 medications were dispensed to IHS beneficiaries through the CMOP program and in FY12, over 55,018 have been dispensed to date.
 - The use of VA's CMOP saves IHS patients travel time and wait time at the pharmacy and allows IHS pharmacists to focus more attention on patient care.

WORKGROUP UPDATES

(continued)



- Program Collaborations (continued) - Pharmacy
 - CMOP improves patient adherence to medication regimens because patients have easier access to medications when work schedules and transportation make it inconvenient to pick up medications.
 - Time is saved through use of CMOP, so pharmacists are being incorporated into *Improving Patient Care (IPC) teams* to help patients.
 - CMOP improves patient care and patient satisfaction.
 - CMOP program reduces prescription returns to stock.

WORKGROUP UPDATES

(continued)



- Program Collaborations - Suicide Prevention
 - The VA Suicide Prevention Office (SPO) conducted 157 tribal outreach activities in FY11 and conducted 67 Tribal outreach activities reaching 14,969 participants in FY12 (October 2011 – June 2012).
 - All specific suicide prevention materials with photos of Veterans from all eras have been developed. AN Veterans are scheduled for a photo shoot FY 2013.
 - To promote VA SPO collaboration with IHS, the SPO meets with IHS Area (Behavioral Health) BH Consultants and VA Suicide Prevention Coordinators (SPCs) to provide information and best practices that IHS, VA and Tribes can use to help prevent suicide and to promote access to mental health and suicide health care. Conference calls are held to promote discussions and share information. Three held in 2012 on Jan 19, February 16 and 17.
 - VA-IHS suicide prevention work plan was provided to IHS National Tribal Advisory Committee on April 26, 27 and to IHS BH work group on May 1, 2, 2012.

WORKGROUP UPDATES

(continued)



- Program Collaborations - Long-Term Care
 - Home based primary care (HBPC) has been expanded annually to increase access and quality of care to geriatric Veterans in their homes.
 - There has been an increase in enrollment for AI/AN Veterans into VA HBPC programs partnering with IHS and Tribal Nations. There are over 160 Native Veterans currently enrolled in this program.
 - Five VA mentor programs engaged with five IHS/Tribal sites to develop palliative care services for AI/AN Veterans.
 - The Palliative Care Initiative offered a series of trainings between the Charles George VA Medical Center (CGVAMC) ,Geriatric and Extended Care (GEC) staff and Cherokee Indian Healthcare Authority (CIHA staff).
 - The Medical Foster Home (MFH) Program expands the continuum of care by matching Veterans who are unable to remain in their homes with individuals that are willing and able to provide care for these Veterans in need. Veterans are being referred into this program.



SHARING AGREEMENTS

- HOME-BASED PRIMARY CARE AGREEMENTS
 - Albany VA and St. Regis Mohawks Health Service have a purchase order in place to provide multidisciplinary clinical HBPC services to eligible Native Veterans.
 - A MOU was signed with the Choctaw Tribal Council to facilitate the expansion of HBPC into rural, underserved areas and to support Native Veterans and their caregivers.
 - Feather River Tribal Health Clinic permits VA to use space for HBPC team; which is funded by a Rural Health grant obtained by the Tribe.

SHARING AGREEMENTS

(continued)



- SPACE, FACILITIES, AND MAINTENANCE AGREEMENTS
 - Lake County Tribal Health Clinic (LCTHC) shares space with VA Ukiah CBOC to provide group and individual therapy to Veterans. In return, two hours of clinical time is provided to LCTHC each week to see their patients.
 - Oglala Sioux Tribe permitting VA Black Hills Health Care System to use space for 20 years.
 - VA has two sharing agreements with Ho-Chunk Nation Social Services agreeing to share space on the VA Tomach campus, first and second floor.
 - Interagency agreement with Indian Health Services and VA. VA pays for maintenance services for the exterior upkeep of the Wagner CBOC.

SHARING AGREEMENTS

(continued)



- TELEPSYCHOLOGY AND PATIENT CARE PSYCHOLOGY SERVICES
 - VA psychiatrist and VA psychologist each provide two hours per week of clinical care at South Dakota Urban Indian Health.
 - VA provides Veterans with tele-mental health services from the Sisseton IHS facility.
 - Space is rented from Blackfeet Reservation for tele-psychology services to be provided.

SHARING AGREEMENTS

(continued)



- HUMAN RESOURCE SHARING AGREEMENTS
 - MOU between VA Veterans Industries and Pine Ridge IHS. Veteran Industries/Compensated Work Therapy (CWT) will provide four Veterans in CWT as available for the purpose of on the job training in custodial work as directed by Pine Ridge Hospital. CWT will also provide a care coordination treatment team and designated contact person.

SHARING AGREEMENTS

(continued)



- INFORMATION TECHNOLOGY SHARING AGREEMENTS
 - Feather River Tribal Health Clinic provides primary care services to VA beneficiaries.
 - Rosebud IHS is allowed to access electronic medical records (read only) to help co-manage the health care of Veterans that are seen at the VA and IHS.
 - Connection established between the Feather River Tribal Clinic network and VA network
 - MOU agreement between VA and the Department of Health and Human Services (HHS) for broad interconnection security connectivity that covers clinical applications including protective health information (PHI).

SHARING AGREEMENTS

(continued)



- PHARMACY SHARING AGREEMENTS

- VA-IHS Memorandum of Agreement (MOA) was established for the Rapid City Consolidated Mail Outpatient Pharmacy (CMOP) Pilot, March 2010. The pilot between VA CMOP and Rapid City IHS has now been completed. VA successfully tested expansion to Phoenix, Arizona; Claremore, Oklahoma and Yakima, Washington. The IHS has dedicated one full-time employee to further implement the VA-IHS CMOP plan. IHS, VA, and the Department of Defense (DoD) have also partnered to train pharmacy technicians. CMOP is providing mail-out services to 246,243 active users. Over 80,000 prescriptions have been filled to date.

SHARING AGREEMENTS

(continued)



- PHARMACY SHARING AGREEMENTS

- IHS is providing VA Pharmacy Program with \$400,000 to fund positions dedicated to the implementation of the IHS-VA CMOP project in IHS facilities. Currently, eleven (11) IHS sites are using VA CMOP: Rapid City, South Dakota; Phoenix, Arizona; Yakama, Washington; Haskell, Kansas; and Claremore, El Reno, Watonga, Clinton, Pawhuska, Pawnee, and Lawton, in Oklahoma. IHS-VA CMOP MOU allows for implementation of CMOP IHS wide.
- VA Hot Springs to receive pharmaceuticals from IHS Pine Ridge. VA Black Hills Health Care System's Pine Ridge CBOC is enabled to write prescriptions for urgently needed medications not to exceed a 3-day limit.
- Interagency agreement between VHA CMOP and IHS. An IHS local or remote central processing pharmacist will process, reconcile, and electronically release non-urgent, chronic medications to the VHA CMOP for dispensing and shipping.

SHARING AGREEMENTS

(continued)



- GENERAL SHARING AGREEMENTS

- Sharing agreement between VA and IHS. VA provides office space, meeting room space, and serves at the regional information tech-support center for Aberdeen Area Indian Health Service. VA and IHS work together on sharing technical training resources in clinical informatics and electronic health records. IHS currently has nine employees at the medical center with plans to add eight more employees in 2011.
- Interagency cross-servicing support agreement between VA Black Hills Health care System and Aberdeen Area Indian Health Services.
- VA Hot Springs, South Dakota shall provide the U.S. Public Health Service Indian Hospital in Pine Ridge, SD with the following:
Information Resources Management (IRM) Consultation, use of Government Services Administration (GSA) vehicle, overtime, use of telephone line costs between facilities, and parts exchange-purchase.

SHARING AGREEMENTS

(continued)



- GENERAL SHARING AGREEMENTS

- MOU between the Walla Walla VAMC and Yellow Tribal Health Clinic and Confederated Tribes of the Umatilla Indian Reservation. MOU enhances communication, cooperation, and resource sharing; assists in developing regular and meaningful government to government consultation and collaboration; and identifies mutually beneficial interagency health information sharing opportunities.
- Rocky Mountain Health Care Network – Billings Area IHS MOU. Agreements include: share licensed independent practitioner credentials and grant appropriate clinical privileges at each member's respective health care facility; encourage joint representation on all applicable IHS and VA committees, work groups, and boards; disputes relating to the patient requiring immediate attention are resolved by the referring and receiving physician.



TRIBAL CONSULTATION



TRIBAL CONSULTATION

- Held 4 tribal consultation sessions with over 200 tribal leaders in FY 2012. Consultation topics included:
 - Native American Director Loan (NADL) Program: how to increase utilization
 - Vocational Rehabilitation and Employment Service (VR&E): improving outreach
 - Tribal Cemetery Grants: understanding barriers tribes encounter to access
 - Increasing tribal government involvement in the VA/IHS MOU workgroups and workgroup activities at the national and local levels.
- Held a joint consultation session with the Indian Health Service (IHS) in March 2012:
 - 1st consultation letter was mailed on March 5, 2012 seeking input from tribes on the main points to include in the draft underlying agreement
 - 2nd consultation letter was mailed on April 5, 2012 seeking input from tribes on the draft sharing agreement template.